

CLAIMS ONLY

Application Number

10338449

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* * *	* * *	* * *	
	Indep	Depend	Indep	Depend	Indep	Depend				
11							51			
12							52			
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46							86			
47							87			
48							88			
49							89			
50							90			
Total Indep	1	1					91			
Total Depend	10						92			
Total Claims	11						93			